

Billing for Article 29-I Core and Other Limited Health Related Services

Office Hour



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Housekeeping

- This presentation is not an official document. For full details, please refer to the provider and billing manuals.
- Every effort was made to ensure information and timelines are current as of the date of the presentation.

Agenda

- Timeline & Introduction
- Commonly Asked Questions
- Q&A
- Resources

Timeline

Article 29-I Billing Manual

The purpose of this presentation is to discuss billing for services provided by 29-I Licensed Health Facilities and administered by the New York State Department of Health (NYS DOH) and Office of Children and Family Services (OCFS).

[29-I Facility Billing Manual](#)

The manual provides billing guidance ***only*** and does not supersede applicable regulatory requirements or procedures.

Categories of Services

- There are two categories of services that can be provided within 29-I Health Facilities:
 - Core Limited Health-Related Services (Mandatory)
 - Other Limited Health-Related Services (Optional)
- This presentation focuses on billing Medicaid Managed Care Plans (MMCPs) and, when appropriate, Medicaid Fee for Service (FFS).
- **Reminder:** Some 29-I Health Facilities opted into the Feb 1st transition to billing Medicaid Fee For Service, all 29-I Health Facilities must bill Medicaid Managed Care starting July 1st 2021.

Remember!



CLAIMS TESTING

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Common 29-I Billing Questions

What happens on July 1st 2021?

- Voluntary Foster Care Agencies (VFCAs) are required to obtain and maintain Article 29-I licenses to bill for Core Limited Health-Related Services and Other Limited Health Related Services. VFCAs that have not obtained 29-I licensure are not authorized to provide these services. Article 29-I Facilities must bill Medicaid Managed Care plans for those children enrolled in a MMCP

Will initial plan enrollments be retrospective to the first day of the month a child/youth enters foster care? For example, if entry to foster care is 8/10, would the effective month of plan enrollment be 8/1? How would payment for services rendered by FFS providers between 8/1 and 8/10 be affected?

- If a child/youth enters foster care on 8/10, and is not excluded from plan enrollment, the effective date of the MMCP enrollment is 8/1, as long as the local department of social services (LDSS) opened the Medicaid case during the same month. Providers should wait until the enrollment process is completed before to submitting claims to the MMCP.



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Common 29-I Billing Questions

Do you need authorization from Medicaid Managed Care to provide Core Services?

- No, MMCP authorization is not required to provide Core Services.

Do 29-I Facilities follow the same billing rules for CFTSS and children's HCBS as any other agency or are there differences when these are billed as part of Other Limited Health Related Services?

- 29-I Facilities must adhere to CFTSS and HCBS billing requirements. The appropriate billing manual can be [viewed here](#).



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Common 29-I Billing Questions

If the plan(s) has a subcontract with Beacon, or another plan for behavioral health, do we bill Beacon or the MMCP for Core Services? Other Limited Health Related Services?

- Core Limited Health Related Services are always billed directly to MMCP and not the delegate. For Other Limited Health Related Services, providers need to review their contract and communicate with MMCP as this may vary across plans.

For Core Limited Health Related Services, what Diagnosis should I use?

- Providers should use an applicable ICD-10 diagnosis. If the youth has more than one diagnosis, the provider only needs to include one on the claim. Providers may only use the ICD-10 code of R69 when the child/youth does not have a diagnosis identified at the time of the claim submission.



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Common 29-I Billing Questions

Do Medicaid Ordering/Prescribing/Referring/Attending (OPRA) requirements apply to Article 29-I Facilities?

- Yes. If the individual licensed practitioner is Medicaid enrollable, they must enroll and use their individual NPI number on claims. If the individual practitioner is unlicensed or not a licensed enrollable Medicaid practitioner, either the OCFS (05448682) unlicensed practitioner ID **OR** the National Provider Identification (NPI) number of the supervising practitioner may be used.
- To learn more:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPRA_FA_Qs.pdf
- If you do not know whether or not you are enrolled, refer to the search tool available at:
<https://www.emedny.org/info/opra.aspx>

Note: further information regarding this topic will be forthcoming.



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Common 29-I Billing Questions

What NPI numbers do I need to have on the claim form?

- **Field 56 NPI: Agency/Program NPI Number**
 - **Required**
 - All agencies must obtain an NPI number and link that number to the services/program, in order to submit claims for reimbursement. For more information view [state guidance here](#)
- **Field 76 Attending Provider**
 - **Required**
 - If the individual licensed practitioner is Medicaid enrollable they must enroll and use their individual NPI number on claims. If the individual practitioner is unlicensed or not a licensed enrollable Medicaid practitioner the OCFS (05448682) unlicensed practitioner ID may be used.
- **Field 78 Other Provider: Referring Provider NPI Number**
 - **Required**
 - The referring NPI should be completed with the Agency's program NPI for Core Limited Health Related Services and Other Limited Health related Services



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Common 29-I Billing Questions

If a child, covered by a 29-I facility, shows up for sick child visit but the doctor is also able to address something unrelated, are 2 bills submitted?

- If the office visit covers both issues there would be one claim for the duration of the visit. This would include the additional procedure codes to describe what occurred in the encounter, define the complexity of the visit and support the time that it took. If the child goes into the office visit and there is another BILLABLE encounter that is distinctly different than the reason for the visit and outlined as permissible in the Billing Manual then there would be two claims.
- See following slides for more details.



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Example: Billing Multiple Services In 1 Visit

For example, if a child/youth was a new patient with moderate presenting problems (based on medical decisions of the practitioner seeing the child/youth for the visit) and the child/youth was seen for 45 minutes, the claim must reflect the following information:

Rate Code	Procedure Code description	Modifier	Procedure Code	Billable Units	Units Billed
Unit Limit 8 Units/day					
4594	New Patient Office or outpatient visit(typically 30 minutes) usually presenting problem(s) are moderate severity	U9, SC 9	99204 (billable code)	15 min	3 Units
	TB Intradermal Test	N/A	86580 (non billable code)	N/A	N/A
	Service(s) provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g. holidays, Saturday or Sunday) in addition to basic service	N/A	99051 (non billable code)	N/A	N/A
	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy service	N/A	90863 (non billable code)	N/A	N/A



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Example: Billing Multiple Services In 1 Visit

If this same child also received a vaccination at this visit, then the provider would submit a separate bill for the administration of the vaccine.

Rate Code	Procedure Code description	Modifier	Procedure Code	Billable Units	Units Billed
Unit Limit 8 Units/day					
	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.	SL	90460 (billable code)	1 Unit	1 Unit

Please note that in New York, health care providers cannot bill Medicaid for vaccines they give to children/youth, as vaccines must be received through the Vaccines for Children (VFC) Program.



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Q&A

Please chat in your billing questions.

Additional Questions?

Please email any questions to
BH.Transition@health.ny.gov



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Previous Presentations

- Article 29-I Health Facilities Billing MMC for Core Services: <https://ctacny.org/training/article-29-i-health-facilities-billing-medicaid-managed-care-core-limited-health-related>
- Article 29-I Health Facilities Billing MMC for Other Limited Health Related Services: <https://ctacny.org/training/article-29-i-health-facilities-billing-medicaid-managed-care-other-limited-health-related>
- Fee for Service (FFS) Billing for Article 29- Health Facilities Webinar: <https://ctacny.org/training/fee-service-ffs-billing-article-29-i-health-facilities>
- Clean Claims, RCM, and Billing Refresher Webinar: <https://ctacny.org/training/clean-claims-and-revenue-cycle-management-rcm-billing-refresher>



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Resources

- 29-I Health Facility (VFCA transition)
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm
- New York Medicaid Program 29-I Health Facility Billing Guidance
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29_i_billing_manual_final.pdf
- Article 29-I VFCA Health Facilities License Guidelines
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines_5_01_18.pdf
- NYS Medicaid Billing Guidance
https://www.emedny.org/info/TimelyBillingInformation_index.aspx.
- General Billing Guidance for Institutional service claims (837i/UB-04)
https://www.emedny.org/ProviderManuals/AllProviders/General_Billing_Guidelines_Institutional.pdf



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Resources

- Core Limited Health-Related Services (Medicaid per diem) Rates
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29-i_draft_rates_final_11.23.20.pdf
- Other Limited Health-Related Services Rates
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_proposed_olhs_fee_schedule_summary.pdf
- Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf
- Guidance regarding billing for the use of interpretation services
https://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf
- NYS Children's Health and Behavioral Health Services Billing and Coding Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf



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